

**NH Department of Health & Human Services
Division of Public Health Services – NH Immunization Program
2020 Annual Child Care Immunization Report**



SECTION A *PLEASE PRINT CLEARLY*****

1. **Child Care Center Name:** _____
2. **LAST FOUR DIGITS of child care license:** _____
3. **If you received this report in error, please CHECK THE REASON(s) below, STOP HERE, and SUBMIT the REPORT.**
 - ☐ Site is closed.
 - ☐ All children at this site will be covered in the School Immunization Report.
 - ☐ Other. Please specify _____
4. **Director's Name:** _____
Director's Phone: _____
Director's Email: _____
5. **Name of Person Completing report:** _____
Phone: _____ Email: _____

6. **PHYSICAL Address:**
Street: _____
City/Town: _____
State: _____ Zip: _____ County: _____
7. **MAILING Address** (if different from physical address)
Mailing Address: _____
City/Town, State, Zip: _____
8. **Type of child care** (license type)
 - ☐ Family ☐ Preschool ☐ Day Care Nursery
 - ☐ Kindergarten ☐ Family Group ☐ After School Program
 - ☐ Head Start ☐ Group Home ☐ Group Child Day Care
 - ☐ Other. Please Specify _____
9. **TOTAL number of children:** _____ (DO NOT COUNT children who are also in school – they will be counted in the school immunization report)

COMPLETE SECTION B on page 2.

Remember:

- Count children (NOT doses).
- Complete all information and read the instructions.
- Do not submit the child's individual immunization record.
- If you receive a report for more than one location, do not combine numbers; complete a report for each site.
- If you need to make corrections, please contact the NH Immunization Program at 603-271-4482.
- For paper report, mail to NH IMMUNIZATION PROGRAM, 29 HAZEN DR., CONCORD, NH 03301 OR fax to (603) 271-3850
- Failure to submit an annual child care immunization report per RSA 141-C:20-e will be reported to the Commissioner of the Department of Health and Human Services.
- The total number of children not enrolled in school (Question 9) should be the same as the total of the children in each age group (the sum of the 1st column in the report table). Do not count children who attend school (they will be counted in the Annual NH School Immunization Report).
- Return reports by NOVEMBER 15, 2020.

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SECTION B

Record the **NUMBER OF CHILDREN (NOT the number of doses)** in each age group who are up-to-date for each vaccine listed.

Complete each box as labeled, with the NUMBER OF CHILDREN in each age group who are up to date for each vaccine (not the number of vaccines). Children are required to be up to date OR have an exemption OR be conditionally enrolled - see definitions below. **Use the table on page 3** to determine if a child has had all the required immunizations for his/her age.

If child is age:	TOTAL number of children in each age group	Number of CHILDREN up-to-date for: DTaP	Number of CHILDREN up-to-date for: Polio	Number of CHILDREN up-to-date for: HepB	Number of CHILDREN up-to-date for: Hib	Number of CHILDREN up-to-date for: MMR	Number of CHILDREN up-to-date for: Varicella	Number of CHILDREN Medical Exempt*	Number of CHILDREN Religious Exempt*	Number of CHILDREN Conditional Enrolled*
3-4 months										
5-6 months										
7-15 months										
16-23 months										
24 months - 1st day of KG										
Kindergarten (if you provide KG program)										

***Definitions: Conditional Enrollment - Child has had at least 1 of each required vaccine AND an appointment for the next dose of the series.**

- **Medical Exemption - Documentation from child's doctor that the child is unable to receive a vaccine for medical reasons.**
- **Religious Exemption - Notarized form from parent stating their objection to vaccine(s) for religious reasons.**

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Minimum Dose Requirements for Child Care Immunization Report

Note: These are minimum dose requirements for reporting, allowing for appointment scheduling and the range of ages assessed. However, the Advisory Committee on Immunization Practices (ACIP) has recommendations for the optimum age and spacing for all vaccines to provide the best protection for all children. For the current ACIP schedule for all childhood vaccines, see: <https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

Age If child is:	DTaP Up-to-date if <u>at least</u> :	Polio Up-to-date if <u>at least</u> :	HepB Up-to-date if <u>at least</u> :	HiB Up-to-date if <u>at least</u> :	MMR Up-to-date if <u>at least</u> :	Varicella Up-to-date if <u>at least</u> :
3-4 months	1 dose	1 dose	2 doses	1 dose		
5-6 months	2 doses	2 doses	2 doses	2 doses		
7-15 months	3 doses	2 doses	2 doses	3 doses		
16-23 months	3 doses	3 doses	3 doses	3 doses	1 dose	1 dose
24 months - 1 st day of KG	4 doses	3 doses	3 doses	4 doses*	1 dose	1 dose
Kindergarten	4-5 doses**	3-4 doses**	3 doses	*	2 doses	2 doses***

*A child who starts the Hib series late may need fewer than 4 doses; the routine schedule is 4 doses with the last dose given after 12 months of age OR at least 1 dose given on or after 15 months of age. Hib is not required for children over age 5.

**4-5 doses of DTaP and 3-4 doses of Polio, both with the last dose given on or after the 4th birthday and with the last 2 doses separated by at least 6 months.

***OR laboratory confirmation of chicken pox disease.

If questions, contact the New Hampshire Immunization Program at 603-271-4482 or (in NH) 1-800-852-3345, x4482 - FAX: 603-271-3850

THANK YOU!

NH Immunization Program (603) 271-4482 – <https://www.dhhs.nh.gov/dphs/immunization/index.htm>

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